



**STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR MEDICAL SERVICES**



**Office of Pharmacy Service  
Prior Authorization Criteria  
*Effective 8/04/2015***

**Atypical Antipsychotics for Children up to eighteen (18) years of age  
Prior Authorization Request Form**

**Prior authorization requests for atypical antipsychotic therapy for children up to eighteen (18) years of age will be approved if the following criteria are met:**

- 1) PA request form must be completely filled out and all requested information must be supplied if available (if not available, a reason must be supplied); **AND**
- 2) Diagnosis must fall within the FDA indication and age guidelines for the requested medication; **AND**
- 3) Requested dose must fall within FDA guidelines.

- .....
- All other requests will be reviewed and handled on a case-by-case basis by the BMS Medical Director and the consultant Psychiatrist for Medicaid.
  - Please supply peer-reviewed clinical references for any off-label or non-standard dosing request.
- .....